

## BENEFICIARY DESIGNATION

## GENERAL INFORMATION

Participant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Marital Status: ☐ Married or ☐ Single

Home Phone Number

( )

Work Phone Number

NOTE: When your marital status changes you should notify your plan administrator of that change complete a new Beneficiary Designation form. If you do not complete this form before your death, your vested account balance may be made payable to your estate.

## PARTICIPANT'S BENEFICIARY DESIGNATION SECTION

LIST YOUR BENEFICIARY(IES) IN THE SPACES PROVIDED BELOW, AND CIRCLE EITHER "PRIMARY" OR "CONTINGENT" IN THE LEFT COLUMN TO SPECIFY THE TYPE OF BENEFICIARY YOU ARE DESIGNATING. AT LEAST ONE PRIMARY BENEFICIARY MUST BE SELECTED. THE PERCENTAGES OF YOUR PRIMARY BENEFICIARIES MUST TOTAL 100%. IF YOU DESIGNATE ANY CONTINGENT BENEFICIARIES, THE PERCENTAGES FOR THOSE BENEFICIARIES MUST ALSO TOTAL 100%. IF NO PERCENTAGE IS INDICATED, THE CO-BENEFICIARIES WILL SHARE EQUALLY. IF ANY BENEFICIARY DIES BEFORE YOU, THE REMAINING CO-BENEFICIARIES WILL SHARE EQUALLY. SEE BELOW FOR DEFINITIONS OF PRIMARY AND CONTINGENT BENEFICIARIES.

<b>Primary</b>  <b>Or</b>  <b>Contingent</b>	Name (First, M.I. Last)		Relationship	
	Social Security #	Home Phone Number	Date of Birth mm/dd/yyyy	
	Street Address		Percent %	U.S. Citizen: Yes or No <input type="checkbox"/> <input type="checkbox"/>
	City	State	Zip Code	
<b>Primary</b>  <b>Or</b>  <b>Contingent</b>	Name (First, M.I. Last)		Relationship	
	Social Security #	Home Phone Number	Date of Birth mm/dd/yyyy	
	Street Address		Percent %	U.S. Citizen: Yes or No <input type="checkbox"/> <input type="checkbox"/>
	City	State	Zip Code	
<b>Primary</b>  <b>Or</b>  <b>Contingent</b>	Name (First, M.I. Last)		Relationship	
	Social Security #	Home Phone Number	Date of Birth mm/dd/yyyy	
	Street Address		Percent %	U.S. Citizen: Yes or No <input type="checkbox"/> <input type="checkbox"/>
	City	State	Zip Code	
<b>Primary</b>  <b>Or</b>  <b>Contingent</b>	Name (First, M.I. Last)		Relationship	
	Social Security #	Home Phone Number	Date of Birth mm/dd/yyyy	
	Street Address		Percent %	U.S. Citizen: Yes or No <input type="checkbox"/> <input type="checkbox"/>
	City	State	Zip Code	

I state that I designate as beneficiary (or beneficiaries) the person (or persons) named above. I will inform the Plan Administrator immediately of any change in my marital status. I certify that the information above is accurate and complete.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE

The Plan states that upon your death, your spouse has the right to receive 100% of your vested account balance. The portion of your vested account balance that is automatically designated to your spouse, as indicated in the previous sentence, may be designated to someone other than your spouse. You can designate a non-spousal beneficiary.

## IMPORTANT INFORMATION

**Primary Beneficiary:** This is the individual (or individuals) that you would like to receive payment in the event of your death.

**Contingent Beneficiary:** You are not required to name a Contingent Beneficiary. Payment to your Contingent Beneficiary will only occur if your Primary Beneficiary is no longer living at the time of your death.

**Special Note:**

Your Beneficiary Designation is an important feature of Plan. It is recommended that you review your Beneficiary elections on an annual basis or whenever you experience a "Life-event Change", such as change in marital status, birth of a child, divorce, etc. This completed and signed form must be returned to: Pension Administration, Finance Department, City Hall Box 19, Alexandria, VA, 22313